

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

It displays a valid OMB control number.

Application of Double Number

Application of Double Number

CLAIMS AS FILED - PART 1

1980-1981 (Column 1)

| FOR | NUMBER FILED | NUMBER EXTRA |
|---|--------------|------------------|
| BASIC FEE (37 CFR 1.16(e)) | | |
| TOTAL CLAIMS (37 CFR 1.16(e)) | minus 20 = | |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | (37 CFR 1.16(d)) |

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL OUTLINES

OTHER THAN

UR SMALL ENTITY

CLAIMS AS AMENDED - PART II

217

IOTA

| AMENDMENT A | (Column 1) | | (Column 2) | | (Column 3) | | SMALL ENTITY OR OTHER THAN SMALL ENTITY |
|--|---|---|------------------|------|-----------------------|------|--|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI TIONAL FEE | RATE | |
| 1/9/6 | 20 | 20 | 2 | 2 | 2 | 2 | 2 |
| Total 137 C.F.R. 1.16(d)(1) Independent 137 C.F.R. 1.16(d)(1) | 2 | 3 | | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS 137 C.F.R. 1.16(d)(1) | | | | | | | |

| AMENDMENT NO. | (Column 1) | | (Column 2) | | (Column 3) | | |
|--|--|------------|---|------------------|------------|-----------------------|--|
| | CLAMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI TIONAL FEE | |
| Total 107 CFR 1.16(d) | 20 | Minus | 20 | — | X 1 = | 1 | |
| Independent 107 CFR 1.16(d) | 2 | Minus | 3 | — | X 1 = | 1 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (107 CFR 1.16(d)) | | | | | | | |
| 16 | | (Column 4) | | (Column 5) | | (Column 6) | |
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| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|---|---|---|--------------------------------|--------------------|------------------------|-------|------------------------|
| Total 37 CFR 1.14(a)(1) | Minus | ** | = | | | OP | |
| Independent 37 CFR 1.14(a)(1) | Minus | *** | = | | | OP | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e)) | | | | | | | |
| | | | | 2.5 | = | 2.5 | = |
| | | | | 2.5 | = | 2.5 | = |
| | | | | 4.5 | = | 4.5 | = |
| | | | | TOTAL ADDI. FEE | | 10.00 | ADDI. FEE |

If the entry in column 1 is less than or equal to zero, go to step 10.

If the 'Highest Number Previously Said' is 6, then 6 is in column 3.

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'.

The Highest Number Previously Paid for Total or Indemnity in this Space is less than 3, enter

Section of information is required by 22 CFR 1.16. The information is not required if the information is not available or is not independent.